



February 2003

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Jade Chapek, Editor

# ITSC News

IHS Information Technology Support Center

## Software Engineering Team Under New Direction

After a number of years under a series of acting directors, the Software Engineering Team (SET) has a new team lead. On January 12, 2003, **George Huggins** assumed the leadership of the SET, which includes RPMS Software Development (SD), Quality Assurance and Help Desk (QAHD), Requirements Analysis and User Support (RAUS), the National Patient Information Reporting System (NPIRS), and Internet Information Services (IIS).

Mr. Huggins previously held the position of IHS Enterprise Architect and was stationed in Tucson, Arizona. He has been an IHS employee since 1988, working under the Division of Information Resources in its many forms and acronyms.

He has also worked previously as a programmer on a number of RPMS applications, including Patient Registration (AG), Contract Health System (ACHS), Ambulatory Patient Care Reporting (APC), IHS Dictionaries (AUT), IHS VA Support Files (AVA), and the ICD Update (AUM).

Mr. Huggins received his bachelor's degree from the University of Oklahoma in 1972, his MBA from Eastern New Mexico University in 1980, and completed undergraduate coursework in Computer Science at the University of Pittsburgh between 1983-1985. He is a member of the Cherokee Nation of Oklahoma and happily married to the Reverend Dr. Kay E. Huggins.

### Additional DIR Positions Filled

A number of other positions were also filled this quarter. **Sam Berry**, a DataCom employee, has been selected for the GS-2210-12/13 Information Technology Specialist in the Self Determination Team. He assumed his new role on January 26, 2003.

**Fonda Jackson** and **Jeanette Kompkoff** from the Portland Area have been selected as Information Technology Specialists GS-2210-13. They will be telecommuting from Portland and will work in the RPMS Systems Development Group of the Systems Engineering

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# Application Development News

## IHS Developing RPMS Asthma Register System

Asthma is a growing epidemic, yet many of the problems caused by asthma could be prevented if asthmatics and their healthcare providers managed the disease according to established guidelines.<sup>1</sup>

The Asthma Register System (ARS) of the IHS Resource and Patient Management System (RPMS) provides Indian Health Service/Tribal/Urban (I/T/U) healthcare providers with another tool for improving the care and management of patients with asthma. The ARS is currently (January) in beta test and is anticipated to be released IHS-wide by the end of 2Q FY03.

The ARS can be used in two ways:

- As a register of patients who can be actively managed for sites with one or more Asthma Case Managers.
- To capture asthma-related patient data and provide appropriate healthcare reminders to providers.

The development of the Asthma Register System for RPMS resulted from a quality improvement effort in FY 2001 involving nine Northwest area tribal clinics, the Childhood Asthma Study team at the University of Washington, the Boston-based National Initiative for Children's Healthcare Quality (NICHQ) and the Indian Health Service. This effort was focused on improving asthma care for pediatric patients at the participating practices.

During this project, it became apparent that there was a need for an easy-to-use patient tracking system. Active case management, follow-up visits for asthma patients, and appropriate utilization of medications are essential for effective disease management. Providers and asthmatic patients both must monitor symptoms and co-morbidities, adjust dosages quickly and appropriately, and manage possible side effects.

The RPMS Asthma Register System (ARS) consists of a register with associated reports and forms for patient management, a PCC Data entry mnemonic for capturing asthma-related data items from the PCC form, a health summary supplement, and asthma-specific health summary maintenance reminders. The Register can be auto-populated when a site begins using it, reviewing all of a facility's patients in RPMS and selecting those based on specific diagnoses and on user-defined criteria. The Register can also be set up to add new patients automatically when certain criteria are met.

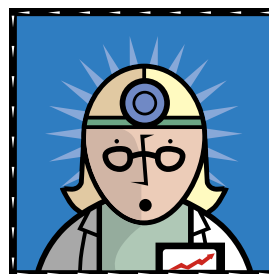
The following asthma-related data items are captured on a pre-printed PCC form and entered into RPMS PCC through the PCC Data Entry process:

- Severity Of Asthma
- FEV<sub>1</sub>

- FEF<sub>25-75</sub>
- PEF/Best PF
- ETS
- Particulate Matter
- Dust Mite
- Asthma Management plan

These supplemental items are stored in the Patient Care Component (PCC) database. These data values can be captured each time a patient is seen in Asthma clinic.

These values are then used in various reports to identify patients who need to have their medications reviewed and/or modified, an asthma visit scheduled, or other activities specific to treatment of their asthma.



Five healthcare reminders are included in the ARS based on detailed logic that searches diagnoses, medications and other PCC data:

- Add or increase inhaled corticosteroids
- Making or reviewing an asthma management plan
- Classifying a patient's asthma severity
- Flu shot reminder
- Assigning a primary care provider

<sup>1</sup>US Department of Health and Human Services. Healthy People 2010. International Medical Publishing, Inc, November 2000. Chapter 24

# Application Development News

## Behavioral Health System Version 3.0 Released

IHS ITSC released the Behavioral Health System (BHS) V 3.0 software application in late January 2003. This program is an interim solution application designed to meet the unique but inter-related needs of I/T/U behavioral health (BH) providers within the three disciplines of BH—mental health, alcohol and substance abuse and social work.

### What is BHS v3.0?

BHS V 3.0 is an integrated application that encompasses existing functionality and components of the existing RPMS BH applications—Mental Health /Social Services V 2.0 and the Chemical Dependency Management Information System (CDMIS).

Many psychiatrists, psychologists, mental health technicians, certified addictions specialists, social workers and social work associates are already “super end-users” of these existing software applications and will find increased functionality in v3.0 that will further serve the purpose of using electronic clinical documentation to improve quality and continuity of care, program management, and data collection, aggregation and reporting.

BHS V 3.0 interfaces with existing RPMS applications including PCC, patient registration, scheduling, billing, pharmacy and lab. Utilization of BHS V 3.0 will also offer a facility the opportunity to improve billing capabilities for BH services (IHS has historically under-documented and

under-billed for BH services) and will also assist with meeting GPRA, JCAHO and CARF standards.

### Functionality

BHS V 3.0 facilitates the documentation of direct patient clinical care activities (including intake documents, SOAP/progress/discharge notes, treatment plans, and patient and family education) and stores this data for continuity of care and reporting purposes.

A patient/client encounter record can be electronically generated and filed in the patient’s permanent medical record and a BH health summary can be generated which, like other standard health summaries records BH visits, problems and health factors. Other members of the treatment team, including primary care physicians and mid-level practitioners, will not have to struggle to read hand-written BH encounters and accuracy of clinical information is improved by direct provider entry.

Patient confidentiality is ensured by offering many built-in security measures. Typically only BH providers have access to the BH security keys (site and program managers decide exactly who should be given BH menu keys), providers have the option of generating suppressed encounter forms which conceal detailed clinical information, and sites can choose among five

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## Other Applications Released this Quarter

### ICD Update

This annual update consists of updating and distributing changes to ICD Diagnosis, ICD Procedure, and related tables.

### CPT Update

This annual update consists of preparing and distributing official updates of CPT codes to the field.

### Lab Electronic Signature

The RPMS Lab Electronic Signature modification, Version 5.2, Patch 13 provides new functionality on lab results. This software enables users to alert physicians of lab results that need to be signed as soon as the physician logs on to the system, audit users who are viewing patient results, and archive audit results from the system. This enhancement also allows physicians to temporarily or permanently reassign their workload to another provider.



# Application Development News

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different links to PCC which determines the level of BH information that passes, if at all, to PCC.

Non-direct patient/client activities can also be recorded in BHS V 3.0.

These activities include clinical supervision, training, travel, committee work, Quality Improvement work, the provision of community development and prevention services and other administrative and program activities.

All direct- and non-direct patient/client activities can be recorded, stored, and easily accessed for reporting purposes.

The reports menu of the BHS package provides numerous options for retrieving data from the patient file and database. Providers can

generate custom or predefined reports with an emphasis on patient listings and groupings based on a number of characteristics including age, gender, community, purpose of visit, provider, etc.

In addition, work load reports and problem specific reports (for instance, suicide and abuse) can also be generated.

## The Future

Additional requirements and enhancements, such as artificial intelligence with reference to standards of care and clinical guidelines, order-entry medication and lab functions, and direct access to Web-based BH resources, will be identified by the subject matter experts and end-users who comprise

the Behavioral Health Management Information Workgroup (BH MIS).

A GUI front-end to the interim BHS V 3.0 is currently in progress and is scheduled to be released late winter or early spring 2003. The long-term application will be released in 2004, which will have a Windows-based front end that is patient and provider specific.

## Training and Further Information

Training on BHS V 3.0 is currently being offered by ITSC through Cimarron Medical Informatics.

For additional information, please contact Denise Grenier at (520) 670-4865 or Peter Burton at (505) 248-4358.

*Denise Grenier, Social Worker (San Xavier)*



## RPMS Support Center Statistics

The RPMS Support Center closed 429 support calls between October 1 and December 31 of 2002. Here's a breakdown of those calls:

1. Open 0-7 Days: 214 (49.88%)
2. Open 8-14 Days: 31 (7.23%)
3. Open 15-21 Days: 21 (4.90%)
4. Open over 22 Days: 163 (38.00%)

You can contact the RPMS Support Center by:

**Phone:** 888-830-7280

505-248-4371

**Email:** [RPMSHelp@mail.ihs.gov](mailto:RPMSHelp@mail.ihs.gov)

**Web:** [www.rpms.ihs.gov/TechSupp.asp](http://www.rpms.ihs.gov/TechSupp.asp)

*Lucas Covington, User Support Specialist*



# Telecommunication Update

## Internet Access

We have completed the installation of Internet Access for all Area offices. These links are the first phase in implementing a VPN backbone between Area offices and the other computers used to support IHS patient care delivery across the nation. Once the VPN installation is completed, all Areas will be able to operate and transmit data without having to depend on a central location, such as ITSC, being operational. Since the e-mail gateway is still at ITSC, only external e-mail would be affected if the gateway goes down. IHS mail is affected if the gateways go down. Areas would still be able to access the Internet to exchange data with other systems used in patient care. This new network will provide a fail-safe operation that will assure the IHS continues to provide timely health care.

## Video Conferencing

We have tested sending video conferencing over the Internet Access Point in Alaska and receiving it at ITSC over our Internet Access point. The results are very encouraging and the plan is to implement this process for all Area offices by the end of March.

## FTS Bills

FTS bills for ITSC are generated through a contract with USDA, who is responsible for billing for government agencies. When it generates the bills, USDA matches and reconciles them to the official

MORRIS bill produced by GSA.

Although this process is slightly more time consuming than ITSC generating the bills, it has proven to be valuable to IHS. USDA has found some non-IHS records among IHS charges from MCI and will be removing them from the system. Overall, the USDA billing process will ensure both timely and accurate billing for FTS services.

We are currently working on fine-tuning the system to make it more accurate and reposting the data from June 2002 forward.

## Caché Conversion

Phase I of the Caché conversion is complete. Caché has been installed at Taos, Lawton, and Parker. The goal of the initial phase is to develop a standard installation manual that can be used to implement Caché throughout IHS. We have developed an implementation plan and Phase II began the first week in February.

## Universal Service Funds

We are busy verifying and submitting the Universal Service Fund agreements for various Areas across IHS. The Universal Service Fund is a tax charged on urban phone service and credited to rural sites to reduce the cost of rural service. The credit is returned to rural sites as a reimbursement. One big change this year is that the actual funds are sent to MCI instead of the IHS Areas.

## IHS Billing

Additional savings have been realized through the services of Parsons Consulting, obtained under a DHHS

contract to ensure that the IHS FTS bills match the services being billed to the IHS. The process implemented by Parsons has identified several interesting issues in the billing, including IHS liens which have been charged to other agencies and those of other agencies being charged to IHS.

## Accord Video Bridge

The Accord video bridge at ITSC has become increasingly busy the last few months. We are now able to conduct simultaneous multi-point video calls over the same bridge and allow the translation of ISDN and IP video conference calls.

We have also added the piece of the bridge that supports for audio conferencing, which is now fully available.

## Web Filtering

ITSC has purchased Websense, an http blocking and tracking system that will replace the E-trust system now used at ITSC. This package will be installed on all the Internet Access points. So far, it has been installed in at least eight Areas, and we hope to complete the remaining Area installations by the end of February.

## Resource Sharing

ITSC continues to work with the HHS Network Modernization Team to find ways to share resources when more than one HHS agency server shares a location.

*Tom Fisher, Supervisory Computer Specialist*

# RPMS Training Schedule

## February

### Aberdeen Area

2/11: Laboratory Package ESIG\*  
2/12: Laboratory Package ESIG\*  
2/13-14: Maintaining your Lab Pkg.\*

### Albuquerque Area

2/11-12: Behavioral Health V 3.0\*

### Billings Area

2/4-5: Laboratory Package ESIG\*

### California Area

2/26-27: Dental Data Entry

### NW Portland Area IHB

2/11-12: Immunizations

### Oklahoma City

2/26-27: Behavioral Health V 3.0\*

### Phoenix Area

2/11-12: Referred Care Information System V 2.0 (TT)  
2/18-20: Third Party Billing/Accounts Receivable\*  
2/24-27: PCC Data Entry V 2.0 I and II



## March

### Aberdeen Area

3/24-28: Diabetes Management Training

### Albuquerque Area

3/3-4: PCC+ Forms Design and User Preferences\*  
3/25-26: Behavioral Health V 3.0\*

### Bemidji

3/18-19: Behavioral Health V 3.0\*

### Billings

3/25-27: Third Party Billing/Accounts Receivable\*

### Nashville Area

3/11-13: Scheduling\*

### NW Portland Area IHB

3/6-7: Diabetes Management System  
3/19-20: Dental Data System

### Oklahoma Area

3/11-13: Third Party Billing/Accounts Receivable\*

### Phoenix Area

3/4-5: CDMIS V 4.1  
3/11-13: PCC Output Reporting

### Portland Area

3/10-14: Third Party Billing/Accounts Receivable

## April

### Alaska Area

4/22-24: Scheduling\*

### Albuquerque Area

4/16-18: Radiology V 4.0\*  
4/22-24: Third Party Billing/Accounts Receivable

### Bemidji

4/8-10: Third Party Billing/Accounts Receivable\*

### Phoenix Area

4/1-2: Patient Registration V 6.0  
4/15-17: Medical Administrative Services V 5.0\*  
4/22: Release of Information V 2.0

### Don't See What You're Looking For?

If you have any questions about training or wish to request a training session for your Area, please contact Larry Saavedra, the training coordinator, by:

**Phone:** (505) 348-8175

**Email:** [rpmsweb@mail.ihs.gov](mailto:rpmsweb@mail.ihs.gov)

**Web:** <http://www.ihs.gov/Cio/RPMS/TrainSched.asp>

\* Training Co-Sponsored by ITSC (TT) Train the Trainers

# Web Team News

## **IHS Event Calendar**

In the last quarter, the Web team finished converting the IHS event calendar from a flat PDF file to a web application that creates a dynamic, up-to-date calendar of events.

This new application will improve the overall functionality of the IHS event calendar by supporting online event requests, search capabilities, dynamically-generated location maps, and the ability to archive events with document attachments.

The new calendar application will also support an online approval/ denial process for administrators to manage event requests.

As of the writing of this article, required testing is complete and the new application is waiting for formal implementation.

## **Online Weekly Employee Reporting System (WERS)**

The Web team is also putting the final touches on the Weekly Employee Reporting System (WERS) update and preparing for the inclusion of the federal ITSC staff members in its database.

The WERS is a web application that allows employees and their supervisors to track the overall status of ITSC projects and the time each individual employee spends on each project.

The system also allows supervisors to track which employees are officially assigned to which projects.

Datacom employees have been using and testing the WERS system for a few months now. Federal ITSC employees can expect training toward the end of January or beginning of February.

## **Event Travel Request Web Page**

As many federal staff members know, when five or more federal employees travel to the same location at the same time, additional approval is required.

To make this additional documentation easier to acquire and track, the web team is currently working on a web page to automate the request/approval process.

Testing is complete for this



web application and user training is now underway.

To check it out, visit:

<http://www.ihs.gov/AdminMngrResources/OMS/TravelEventRequests/>

## **Job Vacancies Database Update**

The Web team also has plans for a rewrite of the Job Vacancies Database ([www.ihs.gov/JobCareerDevelop/CareerCenter/Vacancy](http://www.ihs.gov/JobCareerDevelop/CareerCenter/Vacancy)), to be due out later this spring.

In the meantime, they have added a new online application that allows applicants to upload an electronic copy of their résumé to the web site. Applicants can then automatically email their résumé to the contact listed for the jobs they wish to apply for.

## **Frequently Asked Questions**

The web team also has plans to begin rewriting the Frequently Asked Questions (FAQ) web page this quarter.

The new FAQ page will be more interactive and include the ability to search the questions by keyword.

*Jo Robar, Web Developer*

# Software Engineering Team Under New Direction

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Team, assuming their new roles on February 23, 2003 and January 26, 2003, respectively.

**Linda Fels**, currently working as an IT Specialist for IHS, was selected for a GS-2210-13 (Systems Analysis/Applications Software) position working out of Portland. She will be working in the Systems Development Group of the Systems Engineering Team.

**Chris Saddler**, currently working as an IT Specialist for IHS, was selected for a GS-2210-13 (Systems Analysis/Applications Software) position working out of Anchorage. She will also be working in the Systems Development Group of the Systems Engineering Team.

**Horace Whitt**, currently a Programmer/Analyst and Commissioned Officer with IHS, has been selected for a GS-2210-13 (Systems Analysis/Applications Software) position and will work in the Requirements Analysis and User Support Group of the SET as of January 1, 2003.

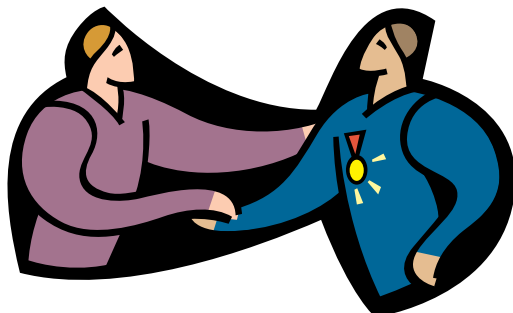
**Anne Fugatt**, formerly a Datacom employee, accepted the position of GS-13-2210 Information Technology Specialist with the SET and is working as a developer on FileMan/ Kernel and Infrastructure applications and utilities for the Systems Development Group.

**Ray Richardson**, from the Aberdeen Area, accepted a GS-2210-13 Analyst/Programmer Position with Quality Assurance and Help Desk Support Group in the SET.

**Carl Gervais** accepted the position of GS-2210-13 Analyst Planner for the SET. In this position, Carl will work with the SET Team Leader to develop project plans and status reports for the SET and other Teams/ projects.

**Karen Wade**, from the Phoenix Area, accepted a position of GS-2210-13 LAN/WAN specialist in TMT and started her new duties January 12, 2003.

Welcome to all our new SET Team members!



## Contributors

**Lucas Covington**  
(505) 248-4224  
Lucas.Covington@mail.ihs.gov

**Denise Grenier**  
(520) 670-4865  
Denise.Grenier@mail.ihs.gov

**Thomas Fisher**  
(505) 248-4219  
Tom.Fisher@mail.ihs.gov

**Jo Robar**  
(505) 248-4469  
Joseph.Robar@mail.ihs.gov

**Linza Bethea**  
520-670-4872  
Linza.Bethea@mail.ihs.gov

**David White**  
(505) 348-8173  
David.White@mail.ihs.gov